

PUBLIC VOUCHER FOR PURCHASES **D**  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_

Bu. Vou. No. 285

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. 1079

To \_\_\_\_\_

(Payee)

(Address)

(City)

(State)

PAID BY

SAPC 7144  
COPY 1 OF 3

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				6,173.50	

Use continuation sheet(s) if necessary

PAYMENT:

Complete ☐  
Partial ☐  
Final ☐

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_ Total \$6,173.50

I certify that the above bill is correct and just and that payment has not been received.

STATINTL

(Sign original only)

Date \_\_\_\_\_

(bill or bills)

(Payee must NOT use this space)

Differences \_\_\_\_\_

Amount verified; correct for \_\_\_\_\_

(Signature or initials)

Contract No. A101 Date U Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd. \_\_\_\_\_

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

By \_\_\_\_\_

Title \_\_\_\_\_

CONTRACTING OFFICER

(DATE)

Title \_\_\_\_\_

Date \_\_\_\_\_

(Authorized Certifying Officer)

STATINTL

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL

APPROVING OFFICER

JUN 20 1956

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$\_\_\_\_\_.  
Cash, \$\_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_. Payee \_\_\_\_\_

(Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Treasurer."  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$\_\_\_\_\_", and over his official title.

Title \_\_\_\_\_

STATINTL

Approved For Release 2002/06/10 : CIA-RDP64-00360R000400090004-5

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## ACCOUNTS PAID REPORTS

DATE  
REPORT NO. PAGE☐ DIVISIONAL DETAIL ACCOUNTS PAID JOURNAL☐ DIVISIONAL SUMMARY ACCOUNTS PAID JOURNAL☐ CONSOLIDATED ACCOUNTS PAID DISTRIBUTION

COST CENTER			DATE			CHECK NUMBER	PAYEE'S (ABBREV.) NAME	PURCHASE ORDER OR INVOICE NUMBER	RECEIVING REPORT NUMBER	C.E. CODE	CHARGE DISTRIBUTION				DISTRIBUTION AMOUNT
MAJ	INT	SUB	MO	DAY	YR						ACCOUNT	M.J.O.	S.O.	WORK ORDER	
25	00	00	05	23	6	26704	H E LEE	U			12700	5022	42		600000
25	00	00	05	25	6	26892	CINCH MFG	510431	3331	5	12700	5022	63		190000
25	00	00	05	25	6	26892	CINCH MFG	510431	15024	5	12700	5022	63		2244880
															4475000
															9075